

# Trusted Contact Person (“TCP”) Consent Form

I hereby authorize my current advisor, named below, and The Canada Life Assurance Company (collectively the “**Authorized Persons**”) to contact, discuss concerns and disclose certain personal information about me to the Primary TCP or the Alternative TCP, should one of the following situations arise where any of the Authorized Persons:

- suspects that I am experiencing financial exploitation or mistreatment;
- becomes concerned about my ability to understand my financial situation, make financial decisions in my own interests or understand the consequences of a financial decision that I made or want to make; or
- is unable to reach me and is seeking my current contact information.

## Primary TCP:

Name:

Telephone number:

E-mail address:

Address:

## Alternative TCP:

Name:

Telephone number:

E-mail address:

Address:

## I understand and agree that:

- Only the information necessary to discuss the concerns about me, and assist me may be disclosed to my TCP(s). This could include, but is not limited to, medical information, details of my personal life, financial holdings and transactions. I consent to such disclosure.
- A temporary hold on transactions may be placed by the Authorized Persons for the time that is necessary to address the situation and concerns about me. I will be notified if such a hold is placed.
- The Primary TCP will usually be contacted first. The Alternative TCP will be contacted in the event the Primary TCP refuses, is unable or unavailable to assist or is suspected of financially exploiting or mistreating me.
- I should notify both my TCP(s) of this appointment, the circumstances under which they might be contacted by the Authorized Persons and the fact that I have given their contact information to the Authorized Persons.
- Only I, and no one else, may revoke consent or change my TCP(s) at any time.
- It is strongly recommended to name someone other than my “attorney” (“mandatary” in Quebec) as my TCP(s).
- This form is not a power of attorney (“POA”, or “mandate” in Quebec) and therefore does not authorize my TCPs(s) to act as my “attorney” (“mandatary” in Quebec).
- My TCP(s) will not be permitted to execute transactions, make financial decisions for me nor act on my behalf, unless they are also my attorney (“mandatary” in Quebec) or another legal representative.
- The Authorized Persons may contact my TCP(s) should one of the above situations arise, but they are not obligated to do so and cannot be held in any way responsible for not doing so. The present form only confirms they have my consent to contact my TCP(s).

Signed in \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

Signed in \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

Client’s name:

Advisor’s name:

Signature \_\_\_\_\_

Signature \_\_\_\_\_